

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589207

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2		1		
4		2		1		
5	1			1		
6	1			1		
7	1			1		
8	1	1				
9		1				
10	1	1				
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28	1			1		
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30	1			1		
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32		1				
33		1				
34	2			1		
35	2			1		
36	1			1		
37	1			1		
38	1	1				
39		1				
40	1	1				
41	1		1			
42	1		1			
43	1			1		
44	1			1		
45	4			1		
46	1	1				
47	1					
48	1			1		
49	1			1		
50						
TOTAL IND.	22		6			
TOTAL DEP.	33	←	40	←		
TOTAL CLAIMS	55		46			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						